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Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

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Longevity of the American People in 1944

IN 1944, for the first time in our history, the average length of life (expectation of life at birth) of the American people, including military personnel within the country, exceeded 65 years. The actual figure, 65⅛ years, is almost 16 years greater than at the beginning of the century. As a result of this truly remarkable gain, the person of age 20 now has, on an average, as many years of life remaining as the newborn child had in 1900. Even more striking is the observation that, whereas according to the earlier mortality only three quarters of the babies would attain age 25, under present conditions three quarters of them will reach age 57.

For white females in 1944, the average length of life was 68.95 years, almost exactly one year short of the biblical three score and ten which, it should not be overlooked, was not intended to represent an average, but rather the extreme of life. As a matter of fact, white females who have attained their first birthday anniversary will live, on an average, to age 71. For those who have attained their 49th birthday, the figure is 75 years.

The increase in longevity among white females in 1944, as compared with 1943, was two thirds of a year. As may be seen in Table 1, it was more than ten years over the average figure for 1919–1921, and almost 18 years over that for 1900–1902. Although white males in 1944 reached a high level of 63.55 years in average length of life, their record was a little below the peak attained in 1942. The chief factor in this slight setback is the relatively high mortality from accidents among men in the military services. The gain in average length of life among white males since 1900 amounted to 15⅓ years.

Among colored persons the average length of life in 1944 was on about the level of that for white persons in 1919–1921. The expectation of life at birth among colored males was 55.30 years, and among colored females 58.99 years. Their gains since the turn of the century amounted to 22¾ years and 24 years respectively, considerably larger gains than for white persons.

It is significant that the improvement in expectation of life so far this century has not been restricted to the early years of life, but has extended into the higher ages as

TABLE 1—EXPECTATION OF LIFE AT BIRTH AND AT AGE 40 IN THE UNITED STATES, ACCORDING TO COLOR AND SEX, FOR SELECTED PERIODS FROM 1900 TO 1944

YEAR OR PERIOD	BIRTH				AGE 40			
	WHITE		COLORED*		WHITE		COLORED*	
	Males	Females	Males	Females	Males	Females	Males	Females
1944†.....	63.55	68.95	55.30	58.99	30.39	33.97	26.26	28.92
1943†.....	63.16	68.27	54.65	57.97	29.97	33.47	25.83	28.11
1942†.....	63.65	68.61	54.28	58.00	30.27	33.86	25.92	28.51
1939–1941†.....	62.81	67.29	52.26	55.56	30.03	33.25	25.06	27.19
1930–1939†.....	60.62	64.52	50.06	52.62	29.57	32.24	24.65	26.11
1929–1931†.....	59.12	62.67	47.55	49.51	29.22	31.52	23.36	24.30
1920–1929‡.....	57.85	60.62	46.90	47.95	29.35	30.97	24.55	24.67
1919–1921‡.....	56.34	58.53	47.14	46.92	29.86	30.94	26.53	25.60
1909–1911§.....	50.23	53.62	34.05	37.67	27.43	29.26	21.57	23.34
1901–1910§.....	49.32	52.54	32.57	35.65	27.55	29.28	22.23	23.81
1900–1902§.....	48.23	51.08	32.54	35.04	27.74	29.17	23.12	24.37
Gain: 1900–1902 to 1944.....	15.32	17.87	22.76	23.95	2.65	4.80	3.14	4.55

NOTE—The life tables for 1944, 1943, and 1942 were prepared in the Statistical Bureau of the Metropolitan Life Insurance Company, that for 1944 being on the basis of unpublished data furnished by the United States Census Bureau.

*Data for periods from 1900 to 1931 and 1939 to 1941 relate to Negroes only.

†Continental United States.

‡Registration States of 1920.

§Original Death Registration States.

well. Thus, at age 40, the figure for the population as a whole in 1944 was 31.63 years, practically 3⅓ years more than in 1900. The figures for each race and sex are shown in the right-hand panel of Table 1. Even at age 65 there was a gain of 1¼ years, the present expectation of life at that age being 13.09 years.

The expectation of life, according to color and sex, for each age up to five years, and for every fifth year thereafter, is set forth in the left-hand panel of Table 2. A point of interest is that under current mortality conditions a half century of life still remains, on the average, to white females of age 22, to white males of age 17, to colored females of age 13, and to colored males of age 10. The corresponding ages at which an additional quarter century of life remains, on the average, are: for white females, 50; white males, 46; colored females, 45; colored males, 41.

The right-hand panel of Table 2 contains the mortality rates according to color, sex, and age which form the basis of the life tables for 1944. The mortality rate for the first year of life in this experience, 39.79 per 1,000, is less than one third of the figure for 1900. The improvement was even more spectacu-

lar at some of the childhood ages beyond infancy. For example, the recent rate at age 1 was only one ninth of that in 1900, and at ages 4 and 5 the fraction was one sixth. Rates of less than one per 1,000 were experienced by white females at ages from 5 to 18 years, by white males from 8 to 11 years, and by colored females from 7 to 11 years.

The mortality rates for colored persons are much higher than for white persons at all but the oldest ages, where the quality of the data relating to the colored is uncertain. The differences are relatively greatest among females at ages from 20 to 40 years, where the rates for the colored are more than three times those of the white.

That our country was able to reach a peak in longevity in the midst of war, reflects the effectiveness of American medical and public health services and the high standard of life of our people. To have passed the 65-year mark in average length of life at a time when a large part of our medical personnel was drawn from civilian life, is good assurance that the American people will find it possible in peacetime to reach the next goal, 70 years, and within a fairly short time.

TABLE 2—EXPECTATION OF LIFE AND MORTALITY RATE PER 1,000 AT SPECIFIED AGES, BY COLOR AND SEX, GENERAL POPULATION IN THE UNITED STATES 1944*

AGE	EXPECTATION OF LIFE					MORTALITY RATE PER 1,000				
	Total Persons	WHITE		COLORED		Total Persons	WHITE		COLORED	
		Males	Females	Males	Females		Males	Females	Males	Females
0	65.12	63.55	68.95	55.30	58.99	39.79	40.80	32.12	65.49	55.06
1	66.80	65.23	70.23	58.14	61.40	3.60	3.44	2.98	6.49	5.91
2	66.04	64.46	69.43	57.52	60.76	2.05	2.04	1.71	3.30	3.08
3	65.18	63.59	68.55	56.70	59.95	1.56	1.58	1.29	2.41	2.23
4	64.28	62.69	67.64	55.84	59.08	1.26	1.25	1.10	1.87	1.75
5	63.36	61.76	66.71	54.94	58.18	1.08	1.10	.94	1.52	1.40
10	58.64	57.06	61.95	50.27	53.47	.78	.90	.57	1.18	.85
15	53.89	52.35	57.14	45.65	48.79	1.25	1.41	.78	2.47	2.18
20	49.30	47.83	52.39	41.38	44.48	2.16	2.92	1.15	4.75	4.05
25	44.87	43.58	47.71	37.46	40.43	2.56	3.35	1.44	6.39	4.92
30	40.42	39.22	43.06	33.66	36.43	2.68	2.82	1.79	7.14	5.85
35	35.97	34.76	38.47	29.87	32.57	3.40	3.31	2.41	8.71	7.84
40	31.63	30.39	33.97	26.26	28.92	4.73	4.77	3.26	11.76	10.29
45	27.44	26.18	29.56	22.90	25.47	6.77	7.24	4.62	16.13	13.15
50	23.45	22.23	25.30	19.92	22.28	10.02	11.11	6.84	23.32	18.69
55	19.71	18.57	21.24	17.38	19.51	14.52	16.64	10.15	29.54	24.81
60	16.24	15.24	17.41	14.96	17.04	21.34	24.90	15.76	35.04	31.95
65	13.09	12.27	13.91	12.69	14.93	31.81	36.76	25.16	46.18	41.21
70	10.30	9.65	10.80	10.81	13.14	46.92	53.36	39.65	60.63	49.93
75	7.85	7.35	8.08	9.13	11.41	69.42	77.93	62.76	68.92	53.81
80	5.76	5.42	5.83	7.21	9.42	108.84	120.27	103.78	81.35	62.42

*Computed in the Statistical Bureau of the Metropolitan Life Insurance Company, on the basis of unpublished data furnished by the United States Census Bureau.

Intermarriage Among National Groups Increasing

INTERMARRIAGE has been a potent force welding the diverse nationalities in our country into one homogeneous population. One phase of this development has been the increasing tendency of the foreign-born to take mates of native birth. In New York State (exclusive of New York City), for example, two thirds of all foreign-born brides married grooms of native birth, whereas two decades ago the fraction was only two fifths. At the same time, the proportion of foreign-born grooms marrying native brides increased from about one half to three fourths. Obviously, the sharp lines which years ago set off the foreign-born from the native population are being obliterated as the two groups intermingle in social and economic life.

Even the foreign-born who take mates also of foreign birth are to an increasing extent breaking away from the traditional tendency to marry within their own national group. This is clearly evident from Table 1, which shows figures separately for white brides and grooms, according to their country of birth, for the period 1928 to 1941, the extreme years for which published data are available. Thirteen years is certainly a short time to effect a change in time-honored social customs, yet within this brief period almost every one of the national groups listed in the table has been intermarrying to an increasing extent with other stocks. A striking example of this trend is the experience among women born in England, Scotland, or Wales, and marrying in

TABLE 1—MARRIAGE OF FOREIGN-BORN WHITE BRIDES AND OF FOREIGN-BORN WHITE GROOMS, ACCORDING TO THEIR COUNTRY OF BIRTH—NEW YORK STATE (EXCLUSIVE OF NEW YORK CITY)— 1941 AND 1928

Country of Birth	Percent of Brides Marrying Grooms of:				Percent of Grooms Marrying Brides of:			
	Same National Stock		Other National Stock		Same National Stock		Other National Stock	
	1941	1928	1941	1928	1941	1928	1941	1928
Canada	59.5	72.9	40.5	27.1	63.3	76.6	36.7	23.4
England, Scotland, and Wales	44.5	63.8	55.5	36.2	60.5	65.8	39.5	34.2
Ireland	62.9	77.4	37.1	22.6	76.5	84.2	23.5	15.8
Denmark, Norway, and Sweden	68.4	90.8	31.6	9.2	48.1	87.2	51.9	12.8
Germany and Austria	76.8	84.8	23.2	15.2	76.4	86.8	23.6	13.2
Hungary	68.0	75.5	32.0	24.5	81.0	75.5	19.0	24.5
Italy	95.3	95.2	4.7	4.8	88.4	90.8	11.6	9.2
Poland	71.7	75.1	28.3	24.9	71.7	83.7	28.3	16.3
Russia	59.6	72.4	40.4	27.6	54.4	66.9	45.6	33.1

New York State. In 1928, 63.8 percent of these women married men born in one of those countries; by 1941 the percentage was down to 44.5, a decline of almost one third. Similarly, for brides born in Denmark, Norway, or Sweden, the decline was from 90.8 percent to 68.4 percent, or a drop of one quarter. The proportion of grooms born in the Scandinavian countries and marrying girls born in these countries, was cut almost in half. On the other hand, little or no progress in the direction of intermarriage with other national stocks is observed for brides and grooms born in Italy.

The blending of national stocks has continued at least through the first generation of native-born. As Table 2 shows, brides and grooms born in this country, but of foreign or mixed parentage, are more and more marrying into families of national origins other than their own. Currently, the large majority of native-born brides and grooms whose parents came from Canada, the British Isles, and from Northern and Central Europe, and who marry native-born men and women, choose mates of different national origin. This is true for more than four fifths of the brides and grooms of English, Scotch, or Welch origin.

The breaking down of racial barriers through the intermarriage of persons of diverse national and cultural heritage is an excellent example of American democracy at work. The full import of this development can hardly be lost on a world which has suffered so much from racial and national rivalries and conflicts.

TABLE 2—MARRIAGE OF NATIVE-BORN WHITE BRIDES AND OF NATIVE-BORN WHITE GROOMS OF FOREIGN OR MIXED PARENTAGE, ACCORDING TO COUNTRY OF BIRTH OF THEIR PARENTS. NEW YORK STATE (EXCLUSIVE OF NEW YORK CITY)—1941 AND 1928

Country of Birth of Parent*	Percent of Brides Marrying Grooms of:				Percent of Grooms Marrying Brides of:			
	Same National Stock		Other National Stock		Same National Stock		Other National Stock	
	1941	1928	1941	1928	1941	1928	1941	1928
Canada	29.5	31.5	70.5	68.5	29.4	37.1	70.6	62.9
England, Scotland, and Wales	19.5	21.0	80.5	79.0	18.4	22.0	81.6	78.0
Ireland	27.0	44.6	73.0	55.4	23.9	42.8	76.1	57.2
Denmark, Norway, and Sweden	27.2	39.3	72.8	60.7	31.9	37.9	68.1	62.1
Germany and Austria	35.7	53.9	64.3	46.1	35.8	49.4	64.2	50.6
Hungary	25.3	30.6	74.7	69.4	23.1	41.8	76.9	58.2
Italy	85.0	87.0	15.0	13.0	82.2	76.3	17.8	23.7
Poland	69.2	68.1	30.8	31.9	74.2	79.4	25.8	20.6
Russia	57.3	58.7	42.7	41.3	56.1	61.1	43.9	38.9

*If both parents are foreign-born, the country of birth indicated is that of the father.

Measuring Family Responsibility

THE average American family functions through a division of labor between husband and wife. He is the provider and she is the homemaker. The responsibility of the husband in meeting the day-to-day needs of the family, such as food, clothing, shelter, and other items, naturally increases over the years with the size of the family group. In newly formed families, the husband usually has to provide only for himself and his wife. Later there are children to be cared for. In time, the youngsters grow up and cease to be dependent upon their parents for support. There is, thus, a rise and fall in the expenditures which the family will need to make as it goes through its normal life cycle.

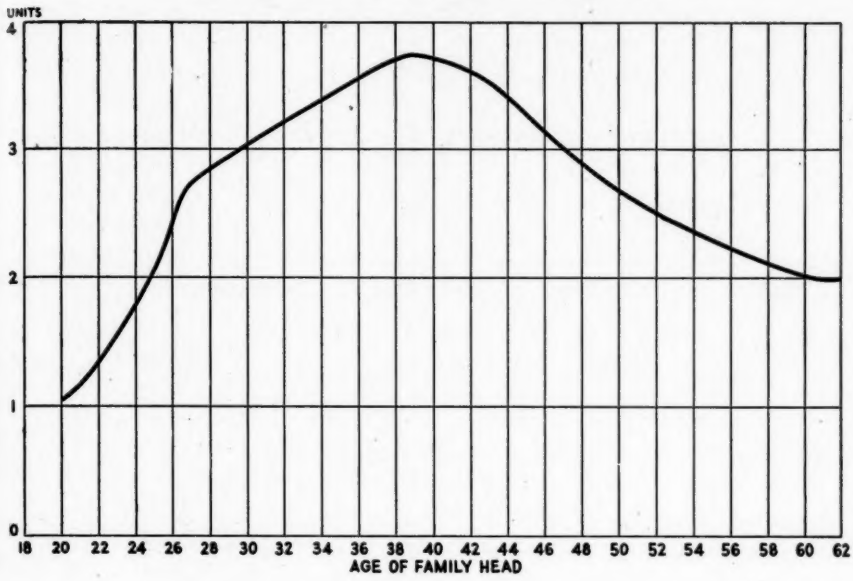
The purpose of this article is to give an approximate measure of these changes in family expenditures. It is a matter of social interest to know, for example, at what ages of the family head the consumption needs of the family are at their minimum, and at what ages they reach their peak. The answers to these and similar questions, as they pertain to average American families, are to be found in the chart on page 7.

The method used in deriving the schedule of consumption units is too long and involved to be described here in detail.* It will be sufficient for present purposes to define the term and to discuss briefly the main factors that enter into the computations. An "adult consumption unit" is the amount spent a year for food, clothing, shelter, medical care, recreation, and other items by an average adult male. Three main considerations enter into the computation of the consumption units in a family: the parents themselves; the number of children under 18 years of age; and their increasing consumption needs as they grow from infancy to adolescence, as shown in the table on page 7. The total consumption units of a family at each age of the father is essentially the resultant of these three variables.

It is evident from the chart that the consumption units of the average American family increase from a little more than one when the family head is in his early 20's, to a maximum of 3.75 units when he is about 39. The low level of the curve at the start reflects the fact that only a small proportion of the men at age 20 are married. Hence, the consumption needs then are little more than those for the men themselves. The rise in the curve in the early 20's represents, for the most part, the increasing proportion of men married. The continued increase in consumption needs in the later 20's and throughout the 30's is due to the increasing size of the family and the greater needs of the growing children. Among family

*Full details are given in Appendix B of the revised edition of *The Money Value of a Man*, by Louis I. Dublin and Alfred J. Lotka, which is now in course of publication.

Consumption Units in the Average American Family According to Age of Male Family Head



CONSUMPTION UNITS FOR CHILDREN, BY AGE, IN THE AVERAGE AMERICAN FAMILY, EXPRESSED AS A FRACTION OF THE CONSUMPTION UNITS OF AN ADULT MALE

AGE OF CHILD	ADULT MALE CONSUMPTION UNITS	AGE OF CHILD	ADULT MALE CONSUMPTION UNITS
0 – 1	.69	9 – 10	.85
1 – 2	.69	10 – 11	.85
2 – 3	.72	11 – 12	.87
3 – 4	.73	12 – 13	.89
4 – 5	.76	13 – 14	.91
5 – 6	.76	14 – 15	.92
6 – 7	.77	15 – 16	.96
7 – 8	.79	16 – 17	.97
8 – 9	.82	17 – 18	.97

NOTE—This table was computed from data in the following reports:

"Money Disbursements of Wage Earners and Clerical Workers in Eight Cities in the East North Central Region, 1934-1936." By Faith M. Williams and Alice C. Hanson. *Bulletin No. 636*, United States Department of Labor, Bureau of Labor Statistics. Tables C and D, pages 432-433.

"Family Expenditures in the United States." National Resources Planning Board, 1941. Tables 61, 62, and 63, pages 20-21.

"Medical Care and Costs in Relation to Family Income." Social Security Board, Bureau of Research and Statistics. Memo No. 51, March 1943. Table 38, page 74.

heads of age 40 and onward, the consumption of the group declines as one child after another reaches age 18 and is assumed to become self-supporting. When the father is in his early 60's, the family usually consists only of husband and wife.

It is commonly realized that meeting the current consumption needs of the family is only part of a man's family responsibility. In addition, every man has the obligation of making provision for his dependents in case of his untimely death. The prudent man seeks to protect his family against undue harsh consequences of widowhood and orphanhood, and to provide for himself in case of incapacity and after retirement. Every well-regulated budget takes into account the necessity for savings and Life insurance to achieve these ends.

Smallpox at Its Lowest Ebb in 1945

THE recent outbreak of virulent smallpox on the Pacific Coast, imported by servicemen returning from the Orient, has brought into sharp focus a public health problem that appeared to be near complete solution. For some years past the prevalence of the disease in the United States has been steadily declining, and in 1945 a new low record was established when only 346 cases were reported in the entire country. This figure is indeed a long way from the 48,920 cases reported as recently as 1930. Last year 13 States and the District of Columbia, all on the Atlantic seaboard, were completely free of the disease. Of these, nine States have not had a single case of smallpox in at least three years, and in three other States the record has been perfect for two successive years. Top honors belong to Rhode Island, which has not had a case since 1928. As the table on page 9 shows, in Canada there were only five cases of the disease in 1945, all of them in the Province of Saskatchewan. In 1944 Canada had only one case.

Although remarkable progress has been made in suppressing smallpox in our country, there were still some disquieting elements in the situation even before the recent outbreak. Some States year after year continue to serve as the main reservoir of smallpox infection. Indiana, for example, for three successive years has had the largest number of cases in the country. The 50 cases recorded by this State in 1945 were about one seventh of the national total. That this unenviable record is due not to the spread of infection from neighboring States but to conditions within Indiana may be deduced from an examination of the smallpox records of the four adjoining States—Michigan, Ohio, Kentucky, and Illinois. Although not among the most advanced in the reduction, the four States together had fewer cases than did Indiana alone (42 as against 50), despite the fact that their total population

was 6½ times that of Indiana. The case rate for the four bordering States combined was less than two per million population, whereas Indiana's was 14.5 per million.

As long as reservoirs of infection are permitted to remain, they will continue to be potential foci of smallpox epidemics, not only for the local residents but, because of modern transportation facilities, for the people of other States as well.

And now we are reminded of another factor that needs to be given serious consideration, the ever-present threat of infection imported from abroad. Troops returning from India, China, Japan, and other Eastern countries where virulent smallpox is endemic, may become a serious hazard to the unvaccinated population in our country. Already epidemics of virulent smallpox, attributed to this source, have been reported at two ports on our Pacific Coast, namely,

CASES OF SMALLPOX REPORTED IN THE UNITED STATES AND CANADA—1943 TO 1945

STATE OR PROVINCE	NUMBER OF CASES			STATE OR PROVINCE	NUMBER OF CASES		
	1945	1944	1943		1945	1944	1943
UNITED STATES	346	384	765	New York	0	0	0
				North Carolina	1	4	21
Alabama	5	9	18	North Dakota	10	5	3
Arizona	6	2	1	Ohio	8	13	118
Arkansas	31	29	45	Oklahoma	11	7	19
California	7	20	4	Oregon	6	3	13
Colorado	5	10	8	Pennsylvania	0	0	8
Connecticut	0	0	0	Rhode Island	0	0	0
Delaware	0	0	0	South Carolina	2	6	4
District of Columbia	0	0	0	South Dakota	6	11	19
Florida	0	1	2	Tennessee	8	8	21
Georgia	10	7	12	Texas	9	32	86
Idaho	13	8	7	Utah	3	0	1
Illinois	13	13	68	Vermont	0	0	0
Indiana	50	38	129	Virginia	1	1	0
Iowa	10	33	26	Washington	8	11	6
Kansas	17	15	25	West Virginia	0	5	5
Kentucky	5	10	13	Wisconsin	12	15	9
Louisiana	8	11	4	Wyoming	2	1	0
Maine	0	0	1				
Maryland	0	0	1				
Massachusetts	0	0	0	CANADA	5	1	6
Michigan	16	10	18				
Minnesota	3	1	0	Alberta	0	0	2
Mississippi	25	14	14	British Columbia	0	0	0
Missouri	12	9	6	Manitoba	0	0	0
Montana	4	12	7	New Brunswick	0	0	0
Nebraska	11	6	18	Nova Scotia	0	0	0
Nevada	4	1	1	Ontario	0	0	0
New Hampshire	0	0	0	Prince Edward Island	0	1	0
New Jersey	0	0	0	Quebec	0	0	0
New Mexico	4	3	4	Saskatchewan	5	0	4

Seattle and San Francisco, which before the current year had been free from the disease since 1939. In the early part of the year, a soldier returning from Japan to Seattle was found to be infected with the disease. To date about 60 cases and 19 deaths have been reported in that area. San Francisco had a similar, although not so tragic, experience. A serviceman returning from Japan was discovered to have the disease. Soon thereafter a number of cases developed within the city. Fortunately, there were no deaths, although these cases were of the virulent type. As a result of the recent outbreaks, mass immunization programs have been undertaken in both Seattle and San Francisco. In the latter city, with its large population, the epidemic was stopped in its tracks.

Similar outbreaks are almost certain to occur as long as large contingents of our armed forces return from abroad. The only sure way to avoid the serious consequences of such occurrences is by general immunization through vaccination of all susceptible persons.

Dr. Dublin Honored by the French Government

AT THE close of the war in Europe last year, the French Government took stock of the health of its people and found that a serious problem existed, particularly among the children. Seeking assistance, the French authorities requested the American Red Cross to send a representative to study the situation at first hand and to make recommendations as to the part that organization could play in a coordinated plan of relief for the French children.

As reported in the BULLETIN last August, this humanitarian mission was entrusted to Dr. Louis I. Dublin, Second Vice-President and Statistician of the Metropolitan Life Insurance Company and Assistant to the Chairman of the American Red Cross. Dr. Dublin made an extensive tour of France, gathering information on the problem of child health from personal observation and from discussions with local authorities and officials of the national health ministry. After a survey of about six weeks Dr. Dublin made a detailed report of his findings and his recommendations to Mr. Basil O'Connor, Chairman of the American Red Cross.

In recognition of Dr. Dublin's services and in appreciation of his efforts, the French Government has bestowed upon him the title of "Officier de l'Ordre de la Santé Publique." The Minister of Population, R. Prigent, in the letter of transmittal, expressed his sentiments in these words:

> It is a source of real gratification to me to have been able to pay tribute in this way to your understanding of problems with which we are faced and to the valuable aid you have rendered to our country under particularly difficult circumstances.

Comparative Data on the Causes of Death Among Industrial Policyholders

The following table shows the mortality among Industrial policyholders for April 1946, and April 1945, together with the death rates for the first four months of 1946, 1945, and 1944.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS
METROPOLITAN LIFE INSURANCE COMPANY

CAUSE OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	April 1946	April 1945	Year to Date: End of April		
			1946	1945	1944
ALL CAUSES—TOTAL	770.1	921.1	858.4	924.5	895.6
—Excluding war deaths	*751.9*	*767.4*	*831.4*	*793.8*	*866.2*
Typhoid fever	0.1	0.2	0.1	0.3	0.2
Measles	1.9	.1	.7	.1	1.5
Scarlet fever	.2	.6	.2	.4	.6
Whooping cough	.4	1.3	.8	1.0	.6
Diphtheria	.5	.2	.8	.8	.9
Influenza	4.2	4.5	10.0	5.2	20.5
Pneumonia (all forms)	30.1	32.7	38.3	37.0	53.4
Tuberculosis (all forms)	37.2	38.0	40.4	37.8	43.3
Tuberculosis of respiratory system	33.5	34.9	36.9	34.3	39.1
Syphilis	8.2	6.9	8.9	9.2	10.2
Cancer (all forms)	108.2	111.3	116.4	113.5	109.5
Diabetes mellitus	25.9	25.7	31.4	27.4	33.3
Cerebral hemorrhage	70.9	68.6	75.4	71.2	74.2
Diseases of the coronary arteries and angina pectoris	69.8	64.4	76.8	71.8	69.6
Other chronic heart diseases†	167.2	164.5	190.6	174.3	192.8
Diarrhea and enteritis	2.3	2.8	2.5	3.2	3.2
Appendicitis	3.6	4.6	4.0	4.8	5.4
Chronic nephritis	42.3	43.3	48.6	48.5	53.4
Puerperal state—total	2.9	4.0	3.0	3.9	4.3
Suicides	7.0	6.6	7.6	5.9	6.6
Homicides	3.7	2.0	3.9	2.7	2.8
Accidents—total	48.2	53.2	52.2	54.8	53.6
Home accidents	7.9	8.6	12.5	11.2	11.9
Occupational accidents	3.7	4.9	4.5	5.4	5.5
Motor vehicle accidents	14.8	11.3	16.1	12.9	15.1
War deaths (enemy action)	18.2	153.7	27.0	130.7	29.4
All other causes of death	117.2	132.2	118.6	120.2	126.6

*The rates for 1946 and 1945 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†International List (1940) titles 92, 93 (c), (d), (e), and 95.

Correspondence on the subjects discussed in these BULLETINS may be addressed to: The Editor,

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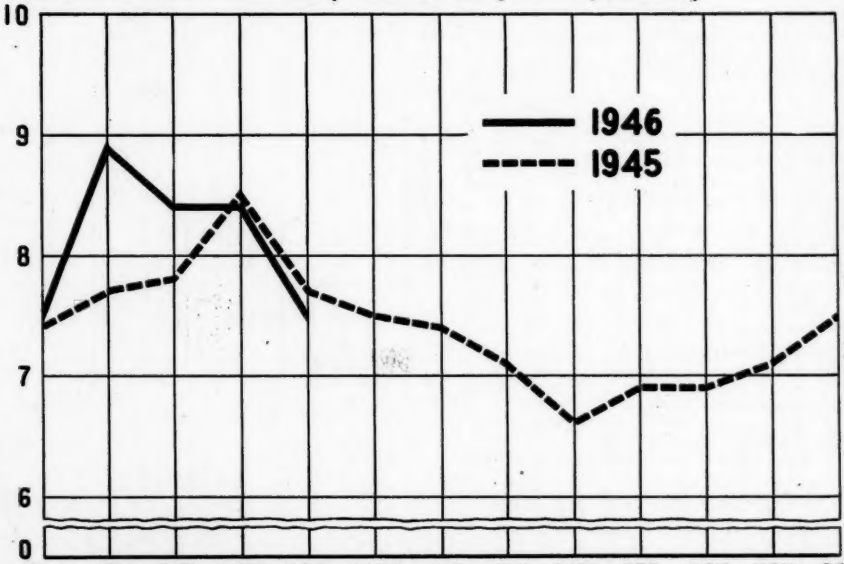
MORTALITY FROM ALL CAUSES*

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT, WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES PER 1,000 ANNUAL BASIS (*1945 and 1946 figures are provisional*)



[DEC]	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1945	7.7	7.8	8.5	7.7	7.5	7.4	7.1	6.6	6.9	6.9	7.1	7.5
1946	8.9	8.4	8.4	7.5								

* *Does not include war deaths*

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